

Fill in this information to identify the case:

Debtor name Chromogenex US, Inc.
United States Bankruptcy Court for the: Eastern District of Texas
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 1,392,524.24

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 1,392,524.24

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D*

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 125,077.17

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+ \$ 6,803,525.39

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 6,928,602.56

Fill in this information to identify the case:

Debtor name Chromogenex US, Inc.United States Bankruptcy Court for the: Eastern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 54.46

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Bank of America	Checking	<u>1</u> <u>7</u> <u>8</u> <u>7</u>	\$ <u>1,412.08</u>
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 1,466.54**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. Irvine BMW - Auto Lease Deposit	\$ <u>7,850.00</u>
7.2. AKF2 Vista Point North, LLC	\$ <u>6,275.00</u>

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 3 of 57

Name

Case Number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Avalara - Tax Software \$ 1,208.82

8.2. Salesforce.com-Online CRM Software \$ 1,934.50

See Attachment 1: Additional Prepayments

9. Total of Part 2.\$ 22,610.57

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

11a. 90 days old or less: \$0.00 - \$0.00 = → \$0.00
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$341,892.73 - \$341,892.73 = → \$0.00
 face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0.00**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 4 of 57

Name

Case Number (if known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
Finished Goods	10/08/2015 MM / DD / YYYY	\$312,602.58	Average Cost	\$ 312,602.58
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$ 312,602.58
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 5 of 57

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Desk, Drawers, Filing Cabinets	\$3,897.69	historical cost	\$3,897.69
40. Office fixtures			
	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
Computers, printers, software, phone, TV	\$24,035.82	historical cost	\$24,035.85
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$27,933.54

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 6 of 57
Name Case Number (if known)**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 2013 BMW 528 (WBAXG52DD23095) (Vehicle Lease)	\$ 0.00	N/A	\$ 0.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Trade Show Equipment, Loaner, Demo Units	\$ 252,959.29	historical cost	\$ 241,058.61
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 241,058.61

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 7 of 57
Name Case Number (if known)**Part 9: Real property**

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No☐ Yes**Part 10: Intangibles and Intellectual Property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations Mailing Lists _____	\$ 0.00	current est. value	\$ 0.00
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 8 of 57

Name

Case Number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Chromogenex Technologies, Ltd.

\$391,560.00

—

\$391,560.00

= →

\$

Total face amount

doubtful or uncollectible amount

See Attachment 2: Additional Notes Receivable

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Unused NOL, Federal Tax Return

Tax year 2013

\$ 773,633.00

Tax year

\$

Tax year

\$

73. Interests in insurance policies or annuities

\$

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$

Nature of claim

Amount requested

\$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$

Nature of claim

Amount requested

\$

76. Trusts, equitable or future interests in property

\$

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Refund Due from AIG for legal bills (re Chromo Technologies)

\$ 13,219.40

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 786,852.40

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Chromogenex US, Inc. Schedules A B D E F G H Page 9 of 57

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 1,466.54	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 22,610.57	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 312,602.58	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$ 27,933.54	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 241,058.61	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 786,852.40	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,392,524.24	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 1,392,524.24

Attachment
Debtor: Chromogenex US, Inc. Case No:

Attachment 1: Additional Prepayments

Description: Chubb Insurance - Ins. Policies

Value: \$5,342.25

Attachment 3: Additional Notes Receivables

Description: Bertica M. Rubio

Face Amount: \$22,800.00

Doubtful or Uncollectible Amount: \$22,800.00

Value: \$0.00

Fill in this information to identify the case:

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United States Bankruptcy Court for the: Eastern District of Texas
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name <u>Squadron Capital LLC</u>	Describe debtor's property that is subject to a lien <u>Salesforce.com-Online CRM software</u>		<u>\$0.00</u>	<u>\$1,934.50</u>
Creditor's mailing address <u>18 Hartford Avenue</u> <u>Granby, Connecticut 06035</u>	Describe the lien <u>Loans</u>			
Creditor's email address, if known _____	Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Date debt was incurred <u>10/9/2014</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).			
Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____				
2.2 Creditor's name _____	Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____			
Creditor's mailing address _____ _____	Describe the lien _____			
Creditor's email address, if known _____	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Date debt was incurred _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).			
Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____				
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.			<u>\$0.00</u>	

Fill in this information to identify the case:

Debtor Chromogenex US, Inc.

United States Bankruptcy Court for the: Eastern District of Texas

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Alabama Department of Revenue
Business Privilege Tax Section, P.O. Box 327320
Montgomery, Alabama 36132-7320

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Total claim

Priority amount

\$ Unknown

\$ 0.00

2.2 Priority creditor's name and mailing address

Alabama Dept. of Revenue
P.O. Box 327435
Montgomery, Alabama 36132-7435

Date or dates debt was incurred

4/27/2015 to 5/26/2015

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

\$ 100.00

\$ 100.00

2.3 Priority creditor's name and mailing address

Alaska Dept of Revenue
Attn: Corporate Tax, PO Box 110420
Juneau, Alaska 99811-0420

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

\$ Unknown

\$ Unknown

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Arizona Department of Revenue
P.O. Box 29085
Pheonix, Arizona 85038-9085

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.5 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

California Franchise Tax Board
P.O. Box 942857
Sacramento, California 94257-0531

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.6 Priority creditor's name and mailing address

\$ 33.00

\$ 33.00

City of Lewisville
P.O. Box 299002
Lewisville, Texas 75029-9002

Date or dates debt was incurred

8/18/2015

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.7 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Colorado Dept of Revenue
1375 Sherman Street
Denver, Colorado 80261

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Comptroller of Maryland Revenue, Admin
 Center Taxpayer Svcs Sect, 110 Carroll St.
 Annapolis, Maryland 21411-0001

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Last 4 digits of account
 number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (8)

2.9 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Delaware Division of Revenue
 P.O. Box 8751
 Wilmington, Delaware 19899-8751

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Franchise/Income Tax

Last 4 digits of account
 number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (8)

2.10 Priority creditor's name and mailing address

\$ 8,633.11

\$ 8,633.11

Department of the Treasury (IRS)
 Cincinnati, Ohio 45999-0039

Date or dates debt was incurred

7/2/15 to 12/2/15

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Last 4 digits of account
 number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (8)

2.11 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Georgia Dept of Revenue Processing Center
 P.O. Box 740239
 Atlanta, Georgia 30374-0239

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Last 4 digits of account
 number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (8)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.12 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Hawaii Department of Taxation
P.O. Box 1530
Honolulu, Hawaii 96806-1530

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.13 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

Idaho State Tax Commission
P.O. Box 56
Boise, Idaho 83722-0410

Date or dates debt was incurred

12/16/15

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.14 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Idaho State Tax Commission
800 E. park Blvd, Plaza IV
Boise, Idaho 83712-7742

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.15 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Illinois Dept of Revenue
PO Box 19008
Springfield, Illinois 62794-9008

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.16 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Indiana Dept of Revenue
Corporate Income Tax, PO Box 7206
Indianapolis, Indiana 46207-7206

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.17 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Iowa Dept of Revenue
Corporation Tax, PO Box 10466
Des Moines, Iowa 50306-0466

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.18 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Kansas Dept of Revenue
915 SW Harrison Street
Topeka, Kansas 66612-1588

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.19 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Kentucky Department of Revenue
Frankfort, Kentucky 40620

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.20 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Louisiana Dept of Revenue

Baton Rouge HQ, PO Box 201

Baton Rouge, Louisiana 70821-0201

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.21 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Main Revenue Services

PO Box 9107

Augusta, Maine 04332-9107

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.22 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Massachusetts Dept of Revenue

PO Box 7010

Boston, Massachusetts 02204

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.23 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Michigan Dept of Treasury

Office of Collections, P.O. Box 30199

Lansing, Michigan 48909

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.24 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Minnesota Dept of Revenue

600 North Robert St.

Paul, Minnesota 55101

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.25 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Missouri Dept of Revenue

Harry S Truman St Offc Bldg, 301 W High St.

Jefferson City, Missouri 65101

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.26 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Montana Dept of Revenue

Sam W Mitchell Bldg, 125 N Roberts, 3rd Fl

Helena, Montana 59601

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.27 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

NC Department of Revenue

P.O. Box 25000

Raleigh, North Carolina 27640-0520

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.28 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Nebraska Department of Revenue
P.O. Box 94818
Lincoln, Nebraska 68509-4818

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.29 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

New Hampshire Dept of Revenue Admin
Gov Hugh Gallen St Off Park, 109 Pleasant St
Concord, New Hampshire 03301

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.30 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

New Mexico Taxation and Revenue Dept
PO Box 25127
Santa Fe, New Mexico 87504-5127

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.31 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

NYS Dept of Taxation and Finance Corp - V
PO Box 15163
Albany, New York 12212-5163

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.32 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Office of State Tax Commissioner

600 E Blvd. Ave.

Bismarck, North Dakota 58505-0599

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.33 Priority creditor's name and mailing address

\$ 147.67

\$ 147.67

Oklahoma Tax Commission

P.O. Box 26850

Oklahoma City, Oklahoma 73126-0850

Date or dates debt was incurred

7/1/15 to 10/31/15

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.34 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Oklahoma Tax Commission

PO Box 26890

Oklahoma City, OK 73126-0890

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.35 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Out of State Collections Unit

1415 W US Hwy 90, #115

Lake City, Florida 32055-6123

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.36 Priority creditor's name and mailing address \$ 148.89 \$ 148.89

Pennsylvania Bureau of Business Trust Fund
P.O. Box 280905
Harrisburg, Pennsylvania 17128-0905

Date or dates debt was incurred

12/1/14 to 11/30/15

Last 4 digits of account number 2 8 6 1

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

~~Sales Tax~~

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.37 Priority creditor's name and mailing address \$ 15,000.00 \$ 12,745.00

Rory Deal
3600 Blue Bird Drive
Flower Mound, Texas 75022

Date or dates debt was incurred

8/3/15 to 12/8/15

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

2.38 Priority creditor's name and mailing address \$ 0.00 \$ 0.00

South Carolina Department of Revenue
Corporation
Columbia, SC 29214-0006

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes and Other Government

Debts

Is the claim subject to offset?

- ☒ No
☐ Yes

2.39 Priority creditor's name and mailing address \$ 377.15 \$ 377.15

State of Arizona
P.O. Box 29010
Pheonix, Arizona 85038-9010

Date or dates debt was incurred

12/1/14 - 9/30/15

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.40 Priority creditor's name and mailing address \$ 11,551.43 \$ 11,551.43

State of California Board of Equalization

3321 Power Inn Road

Sacramento, California 95826-3889

Date or dates debt was incurred

12/1/14 to 11/30/15

Last 4 digits of account

number 8 4 9 7

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.41 Priority creditor's name and mailing address \$ 3,721.34 \$ 3,721.34

State of Colorado Department of Revenue

Denver, Colorado 80261-0013

Date or dates debt was incurred

12/1/14 to 11/30/15

Last 4 digits of account

number 0 0 0 1

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.42 Priority creditor's name and mailing address \$ Unknown \$ Unknown

State of Connecticut

P.O. Box 2974

Hartford, Connecticut 06104-2974

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.43 Priority creditor's name and mailing address \$ 377.04 \$ 377.04

State of Connecticut Department of Revenue

P.O. Box 5089

Hartford, Connecticut 06102-5089

Date or dates debt was incurred

07/01/15 to 08/31/15

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

	Total claim	Priority amount
<p>2.44 Priority creditor's name and mailing address</p> <p>State of Florida Department of Revenue 1401 W. US Hwy 90, Suite 100 Lake City, Florida 32055-6123</p> <p>Date or dates debt was incurred 12/1/14 to 11/30/15</p> <p>Last 4 digits of account number 0 9 4 2</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Sales Tax</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 22,126.92	\$ 22,126.92
<p>2.45 Priority creditor's name and mailing address</p> <p>State of Georgia Department of Revenue P.O. Box 740239 Atlanta, Georgia 30374-0239</p> <p>Date or dates debt was incurred 4/1/15 to 8/31/15</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Sales Tax</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 52.68	\$ 52.68
<p>2.46 Priority creditor's name and mailing address</p> <p>State of Illinois Illinois Department of Revenue Springfield, Illinois 62796-0001</p> <p>Date or dates debt was incurred 12/1/2014 to 11/30/2015</p> <p>Last 4 digits of account number 7 9 3 6</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Sales Tax</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 4,635.45	\$ 4,635.45
<p>2.47 Priority creditor's name and mailing address</p> <p>State of Indiana Department of Revenue P.O. Box 6114 Indianapolis, Indiana 46206-6114</p> <p>Date or dates debt was incurred 5/1/15 to 5/31/15</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Sales Tax</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 5.70	\$ 5.70

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.48 Priority creditor's name and mailing address \$ 222.46 \$ 222.46

State of Kansas Department of Revenue
915 SW Harrison Street
Topeka, Kansas 66612-1588

Date or dates debt was incurred

5/1/15 to 5/31/15

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.49 Priority creditor's name and mailing address \$ 10,480.73 \$ 10,480.73

State of Kentucky - Department of Revenue
Frankfurt, Kentucky 40620-0003

Date or dates debt was incurred

12/1/14 to 12/31/14

Last 4 digits of account
number 5 2 2 1

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.50 Priority creditor's name and mailing address \$ 102.53 \$ 102.53

State of Louisiana - Department of Revenue
P.O. Box 3138
Baton Rouge, Louisiana 70821

Date or dates debt was incurred

12/1/14 to 8/31/14

Last 4 digits of account
number 7 0 0 1

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes and Other Government

Debts

Is the claim subject to offset?

- ☒ No
☐ Yes

2.51 Priority creditor's name and mailing address \$ 66.18 \$ 66.18

State of Maryland Comptroller
110 Carroll St.
Annapolis, Maryland 21411-0001

Date or dates debt was incurred

5/1/15 to 11/30/15

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.52 Priority creditor's name and mailing address \$ 4,583.64 \$ 4,583.64

State of Michigan - Dept. of Treasury
Department 77003
Detroit, Michigan 48277-0003

Date or dates debt was incurred
12/1/14 to 9/30/15

Last 4 digits of account
number 3 5 1 5

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.53 Priority creditor's name and mailing address \$ 6,170.21 \$ 6,170.21

State of Minnesota
600 N. Robert Street
St. Paul, Minnesota 55146-6330

Date or dates debt was incurred
12/1/14 to 11/30/15

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.54 Priority creditor's name and mailing address \$ 20.97 \$ 20.97

State of Nebraska-Dept. of Revenue
P.O. Box 98923
Lincoln, Nebraska 68509-8923

Date or dates debt was incurred
4/1/15 to 5/31/15

Last 4 digits of account
number 1 0 5 0

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.55 Priority creditor's name and mailing address \$ 239.05 \$ 239.05

State of Nevada - Dept. of Taxation
P.O. Box 52609
Phoenix, Arizona 85072-2609

Date or dates debt was incurred
12/31/14 to 9/30/15

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.56 Priority creditor's name and mailing address

\$ 30.61

\$ 30.61

State of New Jersey

Bankruptcy Section, P.O. Box 245

Trenton, New Jersey 08695-0245

Date or dates debt was incurred

12/31/14 to 9/30/15

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.57 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

State of New Jersey, Division of Taxation

Revenue Processing Center, PO Box 666

Trenton, New Jersey 08646-0666

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.58 Priority creditor's name and mailing address

\$ 13,563.99

\$ 13,563.99

State of New York

Sales Tax Processing, P.O. Box 15168

Albany, New York 12212-5168

Date or dates debt was incurred

12/1/14 to 11/30/15

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.59 Priority creditor's name and mailing address

\$ 60.54

\$ 60.54

State of North Carolina

P.O. Box 25000

Raleigh, North Carolina 27640-0520

Date or dates debt was incurred

12/1/14 to 11/30/15

Last 4 digits of account
number 4 9 3 4

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.60 Priority creditor's name and mailing address \$ 119.70 \$ 119.70

State of North Dakota
 Office of Tax Commission, P.O. Box 5623
 Bismarck, North Dakota 58506-5623

Date or dates debt was incurred

12/1/15 to 9/30/15

Last 4 digits of account

number 8 9 0 0

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.61 Priority creditor's name and mailing address \$ 7,858.65 \$ 7,858.65

State of Ohio
 Sales Tax Division, P.O. Box 530
 Columbus, Ohio 43216-0530

Date or dates debt was incurred

12/1/14 to 9/30/15

Last 4 digits of account

number 6 2 3 8

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.62 Priority creditor's name and mailing address \$ Unknown \$ Unknown

State of Rhode Island Div. of Taxation Dept #88
 PO Box 9702
 Providence, Rhode Island 02940-9702

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.63 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Tennessee Dept of Revenue
 500 Deaderick Street
 Nashville, Tennessee 37242

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.64 Priority creditor's name and mailing address \$ 2,266.61 \$ 2,266.61

Tennessee Revenue Enforcement Division
P.O. Box 190665
Nashville, Tennessee 37219

Date or dates debt was incurred

5/1/15 to 9/30/15

Last 4 digits of account

number 1 6 2 8

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.65 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Texas Comptroller of Public Accounts
PO Box 149348
Austin, Texas 78714-9438

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.66 Priority creditor's name and mailing address \$ 12,273.42 \$ 12,273.42

Texas Comptroller of Public Accounts
P.O. Box 149354
Austin, Texas 78714-9354

Date or dates debt was incurred

12/1/14 to 11/30/15

Last 4 digits of account

number 9 3 6 6

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.67 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Utah State Tax Commission
210 North 1950 West
Salt Lake City, Utah 84134-0180

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.68 Priority creditor's name and mailing address

\$ 4.01

\$ 4.01

Utah State Tax Commission - Sales Tax

210 N. 1950 West

Salt Lake City, Utah 84134-0400

Date or dates debt was incurred

12/1/14 to 12/31/14

Last 4 digits of account

number 3 5 T C

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.69 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Virginia Dept of Taxation

Office of Customer Svcs, PO Box 1115

Richmond, Virginia 23218-1115

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.70 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Washington DC Office of CFO

1350 Pennsylvania Ave, NW, Ste 203

Washington, DC 20004

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.71 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Washington State Dept of Revenue

PO Box 47478

Olympia, Washington 98504-7478

Date or dates debt was incurred

Last 4 digits of account

number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.72 Priority creditor's name and mailing address

\$ 9.82

\$ 9.82

Washington State Dept of Revenue
Taxpayer Acct Admin, P.O. Box 47476
Olympia, Washington 98504

Date or dates debt was incurred

12/1/14 to 12/31/14

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sales Tax

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.73 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

West Virginia State Department
Tax Acct Admin Division, PO Box 1202
Charleston, West Virginia 25324-1202

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.74 Priority creditor's name and mailing address

\$ 93.67

\$ 93.67

Wisconsin Department of Revenue
P.O. Box 8908
Madison, Wisconsin 53708-8908

Date or dates debt was incurred

12/1/14 to 10/31/15

Last 4 digits of account
number 5 6 0 2

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.75 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Wisconsin Dept of Revenue
PO Box 8908
Madison, Wisconsin 53708-8908

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Franchise/Income Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<p>Nonpriority creditor's name and mailing address <u>2TZ Wellness Ventures, L.L.C. d/b/a Spa on the Square</u> <u>c/o Jeffery C. Blue 1200 Barlow Bend</u> <u>Southlake, Texas 76092</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 0.00
3.2	<p>Nonpriority creditor's name and mailing address <u>5W Public Relations</u> <u>1166 Avenue of the Americas, 4th Floor</u> <u>New York, New York 10036</u></p> <p>Date or dates debt was incurred <u>5-21-15 to 11-16-15</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Marketing</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 87,177.91
3.3	<p>Nonpriority creditor's name and mailing address <u>5W Public Relations, LLC c/o Petro Zinkovetsky Law Firm</u> <u>1166 Avenue of the Americas, 4th Fl</u> <u>New York, New York 10036</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>New York Lawsuit-plaintiff</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 0.00
3.4	<p>Nonpriority creditor's name and mailing address <u>A Slim Me - Dr. Maryanne Kuzara</u> <u>1502 N. Coast Highway</u> <u>Laguna Beach, California 92651</u></p> <p>Date or dates debt was incurred <u>2/28/14</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Overpayment/Refund Due</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 3,728.00
3.5	<p>Nonpriority creditor's name and mailing address <u>A-1 Freeman North America</u> <u>2242 Manana Dr.</u> <u>Dallas, Texas 75220</u></p> <p>Date or dates debt was incurred <u>7-30-15</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Moving Service</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 896.25
3.6	<p>Nonpriority creditor's name and mailing address <u>Absolute Dermotology & Medi-Spa, P.A.</u> <u>c/o Lori Honeycutt 1103 Cypress Creek Road, Suite 100</u> <u>Cedar Park, Texas 78613</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<p>Nonpriority creditor's name and mailing address</p> <p>Azure Wellness, L.L.C. d/b/a Azure Wellness Group</p> <p>c/o Julie Doshi 929 Gessner, Suite 2450</p> <p>Houston, Texas 77024</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.13	<p>Nonpriority creditor's name and mailing address</p> <p>Biofit Weight & Hormone Clinic LLC</p> <p>c/o Danny P. Osborne 23 Hospital Dr. Ste 100</p> <p>Abilene, Texas 79606</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.14	<p>Nonpriority creditor's name and mailing address</p> <p>BMW Financial Services</p> <p>P.O. Box 78103</p> <p>Pheonix, Arizona 85062-8103</p> <p>Date or dates debt was incurred <u>11/1/15 - 1/6/16</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,639.55</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vehicle lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.15	<p>Nonpriority creditor's name and mailing address</p> <p>Body Benefits, Inc.</p> <p>c/o Sherry Summers-Ball 4840 W Panther Creek Ste 100</p> <p>The Woodlands, Texas 77381</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.16	<p>Nonpriority creditor's name and mailing address</p> <p>Brandon Robinson, M.D.</p> <p>2020 Capitol Avenue</p> <p>Sacramento, California 95811</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>CA Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>Buffalo Laser Spa</u> <u>5820 Main Street</u> <u>Williamsville, New York 14221-5734</u> Date or dates debt was incurred <u>2/3/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Warranty claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,691.26</u>
3.18	Nonpriority creditor's name and mailing address <u>Burgess Center</u> <u>1300 Marsh Landing Pkwy #112</u> <u>Jacksonville Beach, Florida 32250</u> Date or dates debt was incurred <u>3/7/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Warranty claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>733.33</u>
3.19	Nonpriority creditor's name and mailing address <u>Byline Financial Group</u> <u>721 N. McKinley Rd., #200</u> <u>Lake Forest, Illinois 60045</u> Date or dates debt was incurred <u>1/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>159.36</u>
3.20	Nonpriority creditor's name and mailing address <u>Chromogenex Technologies Ltd.</u> <u>Unit 1 & 2 Heol Rhosyn, Dafen Park</u> <u>Carmarthenshire, United Kingdom SA14 8QG</u> Date or dates debt was incurred <u>6-30-11 to 12-10-15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans for operations; inventory purchases;lawsuit</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ <u>6,418,906.69</u>
3.21	Nonpriority creditor's name and mailing address <u>Comcast</u> <u>P.O. Box 7500</u> <u>Southestern, Pennsylvania 19398-7500</u> Date or dates debt was incurred <u>6-1-15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telephone & Internet Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>263.51</u>

Part 2: Additional Page

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Amount of claim

3.22	<p>Nonpriority creditor's name and mailing address</p> <p>Consumer's Energy</p> <p>P.O. Box 740309</p> <p>Cincinnati, Ohio 45274-0309</p> <p>Date or dates debt was incurred <u>3-5-13 to 7-1-15</u></p> <p>Last 4 digits of account number <u>5 7 4 0</u></p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Utilities</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$ 180.92
3.23	<p>Nonpriority creditor's name and mailing address</p> <p>David Halpern, M.D., F.A.C.S.</p> <p>91 Martinique Avenue</p> <p>Tampa, Florida 33606-4027</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>CA Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$ 0.00
3.24	<p>Nonpriority creditor's name and mailing address</p> <p>Define Laser Medispa</p> <p>145 S. 19th Street</p> <p>Lynden, Washington 98264-1724</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Refund Due</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$ 1,380.00
3.25	<p>Nonpriority creditor's name and mailing address</p> <p>dotMailer Inc.</p> <p>350 7th Ave., Suite 307</p> <p>New York, New York 10001</p> <p>Date or dates debt was incurred <u>1-9-15 to 5-31-15</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Marketing Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$ 13,987.20
3.26	<p>Nonpriority creditor's name and mailing address</p> <p>Dr. Clay Moliver</p> <p>575 E. Medical Center Blvd.</p> <p>Webster, TX 77598-4326</p> <p>Date or dates debt was incurred <u>1/4/2016</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Marketing Reimbursement</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$ 2,600.00

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Amount of claim

3.27	<p>Nonpriority creditor's name and mailing address</p> <p>DTE Energy</p> <p>P.O. Box 740786</p> <p>Cincinnati, Ohio 45274-0786</p> <p>Date or dates debt was incurred 5-22-15 to 7-1-15</p> <p>Last 4 digits of account number 0 0 1 7</p>	<p>As of the petition filing date, the claim is: \$ 488.36</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Utilities</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.28	<p>Nonpriority creditor's name and mailing address</p> <p>E&E Exhibits, Inc.</p> <p>1365 W. Auto Dr.</p> <p>Tempe, Arizona 85284</p> <p>Date or dates debt was incurred 8-1-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 329.81</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Shoe Coordination</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.29	<p>Nonpriority creditor's name and mailing address</p> <p>Envy Skin Clinic</p> <p>300 Prairie Center Dr. #210</p> <p>Eden Prairie, Minnesota 55344</p> <p>Date or dates debt was incurred 2/23/2015</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 366.66</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Warranty claim</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.30	<p>Nonpriority creditor's name and mailing address</p> <p>Erchonia Corporation, c/o Eric C. Wood</p> <p>Scheef & Stone LLP 2600 Network Blvd. #400</p> <p>Frisco, Texas 75034</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.31	<p>Nonpriority creditor's name and mailing address</p> <p>FedEx</p> <p>P.O. Box 660481</p> <p>Dallas, Texas 75266</p> <p>Date or dates debt was incurred 10/6/15-12/4/15</p> <p>Last 4 digits of account number 6 3 2 7</p>	<p>As of the petition filing date, the claim is: \$ 19,742.47</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Shipping/Receiving</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.32	<p>Nonpriority creditor's name and mailing address</p> <p>FedEx Office</p> <p>P.O. Box 672085</p> <p>Dallas, Texas 75267</p> <p>Date or dates debt was incurred <u>5-15-15</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 4,241.39</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Shipping</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.33	<p>Nonpriority creditor's name and mailing address</p> <p>Finer Touch Aesthetics, LLC dba The Finer Touch</p> <p>%Carol Norton 2821 E President George Bush Hwy #400</p> <p>Richardson, Texas 75082</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.34	<p>Nonpriority creditor's name and mailing address</p> <p>Freeman</p> <p>P.O. Box 650036</p> <p>Dallas, Texas 75265</p> <p>Date or dates debt was incurred <u>3-31-15</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 2,877.35</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Shipping</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.35	<p>Nonpriority creditor's name and mailing address</p> <p>Gaylord Palms/PSAU Presentation Svcs.</p> <p>23918 Network Place</p> <p>Chicago, Illinois 60673</p> <p>Date or dates debt was incurred <u>4-24-15 to 5-29-15</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 6,258.85</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Show</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.36	<p>Nonpriority creditor's name and mailing address</p> <p>GSI Logistics</p> <p>750 Port America Pl. #250</p> <p>Grapevine, Texas 76051</p> <p>Date or dates debt was incurred <u>10-2-15</u></p> <p>Last 4 digits of account number <u>2 0 1 4</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 60.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Shipping</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.37	<p>Nonpriority creditor's name and mailing address</p> <p>Guardian Alarm Company</p> <p>P.O. Box 5003</p> <p>Southfield, Michigan 48086</p> <p>Date or dates debt was incurred <u>4-6-15 to 6-7-15</u></p> <p>Last 4 digits of account number <u>2 0 1 4</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 234.32</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Alarm Service</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.38	<p>Nonpriority creditor's name and mailing address</p> <p>Houston Plastic and Reconstructive Surgery, L.L.P.</p> <p>c/o Clayton Moliver 575 E. Medical Center Boulevard</p> <p>Webster, Texas 77598</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.39	<p>Nonpriority creditor's name and mailing address</p> <p>HP Financial Services Co.</p> <p>P.O. Box 402582</p> <p>Atlanta, Georgia 30384-2582</p> <p>Date or dates debt was incurred <u>4/1/15 to 1/6/16</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 652.96</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Printer lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.40	<p>Nonpriority creditor's name and mailing address</p> <p>Hugh Wood, Inc.</p> <p>55 Broadway</p> <p>New York, New York 10006</p> <p>Date or dates debt was incurred <u>10-22-15</u></p> <p>Last 4 digits of account number <u>R O M 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 7,123.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insurance</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.41	<p>Nonpriority creditor's name and mailing address</p> <p>Image One</p> <p>13201 Capital</p> <p>Oak Park, Michigan 48237</p> <p>Date or dates debt was incurred <u>10-31-15</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 147.84</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Printer Supplies & Servicing</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.42	<p>Nonpriority creditor's name and mailing address</p> <p>Intra Coastal Chiropractic</p> <p>14255 Beach Blvd</p> <p>Jacksonville, Florida 32250-1545</p> <p>Date or dates debt was incurred <u>5/15/2015</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Warranty claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 1,466.68
3.43	<p>Nonpriority creditor's name and mailing address</p> <p>J Mayor</p> <p>401 W. Main Street</p> <p>Tomball, Texas 77375</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 0.00
3.44	<p>Nonpriority creditor's name and mailing address</p> <p>Jan Bailey</p> <p>4100 S. Medford Dr., Suite 201</p> <p>Lufkin, Texas 75901-7743</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 0.00
3.45	<p>Nonpriority creditor's name and mailing address</p> <p>Jon Perlman, M.D.</p> <p>414 N. Camden Drive, FL 8</p> <p>Beverly Hills, California 90210-4532</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>CA Lawsuit - Defendant</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 0.00
3.46	<p>Nonpriority creditor's name and mailing address</p> <p>Joseph & Cohen</p> <p>1855 Market Street</p> <p>San Francisco, California 94103</p> <p>Date or dates debt was incurred <u>10-15-15</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 10,000.00

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Amount of claim

3.47	<p>Nonpriority creditor's name and mailing address</p> <p>JW Media</p> <p>668 W. 232nd St.</p> <p>Bronx, New York 10463</p> <p>Date or dates debt was incurred 5-4-15 to 10-21-15</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 2,900.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.48	<p>Nonpriority creditor's name and mailing address</p> <p>Kerr, Russell & Weber, PLC</p> <p>500 Woodward Ave. #250</p> <p>Detroit, Michigan 48226-3427</p> <p>Date or dates debt was incurred 9-30-15</p> <p>Last 4 digits of account number 5 6 1 2</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,898.90</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.49	<p>Nonpriority creditor's name and mailing address</p> <p>Khodabakhsh Chiropractic, Inc.</p> <p>391 Diablo Rd., Suite B</p> <p>Danville, California 94526-3450</p> <p>Date or dates debt was incurred 11/20/2015</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 7,333.33</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Warranty claim</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.50	<p>Nonpriority creditor's name and mailing address</p> <p>Khoury Plastic Surgery</p> <p>25200 Center Ridge Rd. #3300</p> <p>Westlake, Ohio 44145</p> <p>Date or dates debt was incurred 3/20/2015</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 13,600.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Warranty claim</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.51	<p>Nonpriority creditor's name and mailing address</p> <p>Larry Sherman</p> <p>9781 S. Meridian Blvd., Ste. 110</p> <p>Englewood, Colorado 80112</p> <p>Date or dates debt was incurred 11-3-15</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 5,000.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Chromogenex Purchased Used Machine</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.52	<p>Nonpriority creditor's name and mailing address</p> <p>Laser Lip Limited c/o Hana Anderson</p> <p>Fenwick and West LLP 555 California Street 12th Fl</p> <p>San Francisco, California 94104</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: CA Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.53	<p>Nonpriority creditor's name and mailing address</p> <p>Leonard Grossman, M.D.</p> <p>159 East 74th Street, Suite 1-M</p> <p>New York, New York 10021</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: CA Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.54	<p>Nonpriority creditor's name and mailing address</p> <p>Lila Enterprise, LLC</p> <p>245 Scranton-Carbondale Highway</p> <p>Dickson City, Pennsylvania 18508</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.55	<p>Nonpriority creditor's name and mailing address</p> <p>Lipolaser Centers of America</p> <p>2020 Capitol Avenue</p> <p>Sacramento, California 95811</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: CA Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.56	<p>Nonpriority creditor's name and mailing address</p> <p>Lola Iskhakova</p> <p>9916 97th Street</p> <p>Ozone Park, New York 11416-2509</p> <p>Date or dates debt was incurred 2/12/2015</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 5,200.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Warranty claim</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

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Amount of claim

3.57	<p>Nonpriority creditor's name and mailing address</p> <p>Luna Graphica</p> <p>645 Chesire Way</p> <p>Sunnyvale , California 94087</p> <p>Date or dates debt was incurred 6-24-15 to 8-2-15</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 750.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Printing Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.58	<p>Nonpriority creditor's name and mailing address</p> <p>Lundin Chiropractic, P.A.</p> <p>c/o James W. Lundin 270 N. Redbud Blvd. #100</p> <p>McKinney, Texas 75069</p> <p>Date or dates debt was incurred _ _ _ _</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.59	<p>Nonpriority creditor's name and mailing address</p> <p>Marketo</p> <p>901 Mariner Island #200</p> <p>San Mateo, California 94404</p> <p>Date or dates debt was incurred 5-9-15 to 11-9-15</p> <p>Last 4 digits of account number 6 7 1 3</p>	<p>As of the petition filing date, the claim is: <u>\$ 17,537.37</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Marketing Support/Software</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.60	<p>Nonpriority creditor's name and mailing address</p> <p>Medical Insight, Inc.</p> <p>130 Vantis #240</p> <p>Aliso Viejo, California 92656</p> <p>Date or dates debt was incurred 3-10-15</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 5,900.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Publication/Advertising</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.61	<p>Nonpriority creditor's name and mailing address</p> <p>Michael D. Poole</p> <p>1508 Cayce Creek Lane</p> <p>Thompsons Station, Tennessee 37179-2323</p> <p>Date or dates debt was incurred 1/20/2015</p> <p>Last 4 digits of account number _ _ _ _</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.62	<p>Nonpriority creditor's name and mailing address</p> <p>Mona Copeland</p> <p>c/o Patrick Shea Callahan P.O. Box 699</p> <p>Cookeville, Tennessee 38503-0699</p> <p>Date or dates debt was incurred <u>1/20/2015</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ Unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Tennessee lawsuit-Plaintiff</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.63	<p>Nonpriority creditor's name and mailing address</p> <p>Mona Copeland c/o Patrick Shea Callahan</p> <p>First Tennessee Bank Building 345 South Jefferson Ave, #400</p> <p>Cookeville, Tennessee 38501</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ Unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Tennessee Lawsuit-Plaintiff</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.64	<p>Nonpriority creditor's name and mailing address</p> <p>One Source Media</p> <p>1787 Tribute Road</p> <p>Sacramento, California 95815</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>CA Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.65	<p>Nonpriority creditor's name and mailing address</p> <p>PBFG Leasing</p> <p>P.O. Box 371887</p> <p>Pittsburgh, Pennsylvania 15250-7887</p> <p>Date or dates debt was incurred <u>5/23/15 to 1/6/16</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 430.66</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Equipment Lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.66	<p>Nonpriority creditor's name and mailing address</p> <p>Peak Performance Chiropractic</p> <p>19069 Van Buren Blvd. #110</p> <p>Riverside, California 92508-9170</p> <p>Date or dates debt was incurred <u>2/1/2015</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 433.34</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Warranty Claims</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.67	<p>Nonpriority creditor's name and mailing address</p> <p>Perfect Maintenance Cleaning</p> <p>4337 E. Grand River #222</p> <p>Howell, Michigan 48843</p> <p>Date or dates debt was incurred 3-9-15 to 4-7-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$275.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Cleaning Service</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.68	<p>Nonpriority creditor's name and mailing address</p> <p>Permian Women's Center, P.A.</p> <p>c/o Pill G. Raja 405 N. Tom Green Ave.</p> <p>Odessa, Texas 79761</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.69	<p>Nonpriority creditor's name and mailing address</p> <p>Permian Women's Clinic</p> <p>405 N. Tom Green Ave.</p> <p>Odessa, Texas 79767</p> <p>Date or dates debt was incurred 2/20/2015</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$433.34</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Warranty claim</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.70	<p>Nonpriority creditor's name and mailing address</p> <p>Personique On The Spot, L.L.C.</p> <p>c/o Mark Salisbury 630 W. 34th Street, Suite 201</p> <p>Austin, Texas 78705</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.71	<p>Nonpriority creditor's name and mailing address</p> <p>Phycon Medical Inc.</p> <p>13325 N. 56th St.</p> <p>Tampa, Florida 33617</p> <p>Date or dates debt was incurred 8-11-14</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$12,000.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Non-employee commission</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.72	<p>Nonpriority creditor's name and mailing address</p> <p>Pittsford Laser Spa</p> <p>3300 Monroe Ave., Ste #201</p> <p>Pittsford, New York 14618</p> <p>Date or dates debt was incurred <u>2/3/2015</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 873.75</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Warranty claim</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.73	<p>Nonpriority creditor's name and mailing address</p> <p>Pixel Light</p> <p>205 Chibb Ave.</p> <p>Lyndhurst, New Jersey 07071</p> <p>Date or dates debt was incurred <u>3-25-15</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 750.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Software Development & Servicing</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.74	<p>Nonpriority creditor's name and mailing address</p> <p>Plaza OB-Gyn Associates, P.A. d/b/a Binz Weight Loss Center</p> <p>c/o Isam Balat 1801 Binz, Suite 500</p> <p>Houston, Texas 77004</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.75	<p>Nonpriority creditor's name and mailing address</p> <p>PPI - EZ Wrap</p> <p>P.O. Box 589</p> <p>De Funiak Springs, Florida 32435</p> <p>Date or dates debt was incurred <u>6-12-15</u></p> <p>Last 4 digits of account number <u>9 6 0 4</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 342.53</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Inventory Purchase</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.76	<p>Nonpriority creditor's name and mailing address</p> <p>Premier Med Spa, L.L.C. d/b/a Premier Med Spa & Weight Loss</p> <p>c/o Lauren M. Armstrong 2001 N. Collins Blvd., Suite 105</p> <p>Richardson, Texas 75080</p> <p>Date or dates debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.77	<p>Nonpriority creditor's name and mailing address</p> <p>Reliant Energy</p> <p>P.O. Box 650475</p> <p>Dallas, Texas 75265</p> <p>Date or dates debt was incurred 11-30-15</p> <p>Last 4 digits of account number 9 6 0 4</p>	<p>As of the petition filing date, the claim is: <u>\$ 383.32</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Utilities</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.78	<p>Nonpriority creditor's name and mailing address</p> <p>Robert Fernandez</p> <p>18059 Hwy 105 W, Suite 125</p> <p>Montgomery, Texas 77356</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lawsuit - Defendant</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.79	<p>Nonpriority creditor's name and mailing address</p> <p>Robert Half Management Resources</p> <p>12400 Collections Center Dr.</p> <p>Chicago, Illinois 60693</p> <p>Date or dates debt was incurred 4-27-15 to 6-8-15</p> <p>Last 4 digits of account number 9 0 0 0</p>	<p>As of the petition filing date, the claim is: <u>\$ 18,380.49</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Temp. Employee Service</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.80	<p>Nonpriority creditor's name and mailing address</p> <p>Sadick Research Group</p> <p>911 Park Ave., Suite 1A</p> <p>New York, New York 10075</p> <p>Date or dates debt was incurred 11-10-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <u>\$ 500.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Speaking Engagement</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.81	<p>Nonpriority creditor's name and mailing address</p> <p>Salesforce.com</p> <p>P.O. Box 203141</p> <p>Dallas, Texas 75320-3141</p> <p>Date or dates debt was incurred 12/2/15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <u>\$ 11,607.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Invoice for services not yet rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.82	<p>Nonpriority creditor's name and mailing address</p> <p>Shepherd Search Group</p> <p>3645 Ruffin Rd., Ste 130</p> <p>San Diego, California 92123</p> <p>Date or dates debt was incurred 8-3-15 to 12-10-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 480.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Late Fees</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.83	<p>Nonpriority creditor's name and mailing address</p> <p>Silverman, Kaplan & Sakwa, CPA's, P.C.</p> <p>29200 Northwestern Hwy, Ste. 150</p> <p>Southfield, Michigan 48034</p> <p>Date or dates debt was incurred 3-9-15 to 3-16-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 17,175.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Tax Prep Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.84	<p>Nonpriority creditor's name and mailing address</p> <p>Simply Slender, L.L.C.</p> <p>c/o Michael Henry Martel 18730 Stone Oak Parkway, Suite 106</p> <p>San Antonio, Texas 78258</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.85	<p>Nonpriority creditor's name and mailing address</p> <p>Skin Renew, LLC</p> <p>8119 Isabella Ln, Suite 100</p> <p>Brentwood, Tennessee 37027-8173</p> <p>Date or dates debt was incurred 8/11/14</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 981.56</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund Due</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.86	<p>Nonpriority creditor's name and mailing address</p> <p>Southwest Interior & Design</p> <p>P.O. Box 177433</p> <p>Irving, Texas 75017</p> <p>Date or dates debt was incurred 7-30-15 to 10-1-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 9,583.20</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Building Improvements</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.87	<p>Nonpriority creditor's name and mailing address</p> <p>Staples - Dept. 11-0006193551</p> <p>P.O. Box 183174</p> <p>Columbus, Ohio 43218-3174</p> <p>Date or dates debt was incurred 3-26-15 to 5-26-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 313.08</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Office Supplies</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.88	<p>Nonpriority creditor's name and mailing address</p> <p>Stephen Ronan, M.D., F.A.C.S.</p> <p>3600 Blackhawk Plaza Circle</p> <p>Danville, California 94506</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: CA Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.89	<p>Nonpriority creditor's name and mailing address</p> <p>Suma Wellness Center</p> <p>212 W. Ray Ave.</p> <p>Longwood, Florida 32750-4126</p> <p>Date or dates debt was incurred 12/1/2014</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 12,841.67</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Warranty claim</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.90	<p>Nonpriority creditor's name and mailing address</p> <p>Team Worldwide</p> <p>1300 Minters Chapel Rd., Ste 400</p> <p>Grapevine, Texas 76051</p> <p>Date or dates debt was incurred 7-9-15 to 10-6-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 5,785.82</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Shipping Charges</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.91	<p>Nonpriority creditor's name and mailing address</p> <p>TechTrans</p> <p>1701 W. Northwest Hwy, Ste 100</p> <p>Grapevine, Texas 76051</p> <p>Date or dates debt was incurred 3-5-15</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 690.18</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Transportation charge</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.92	<p>Nonpriority creditor's name and mailing address</p> <p>The Women's Center of Permian Basin, P.A.</p> <p>c/o John R. Molland 601 N. Tom Green Ave.</p> <p>Odessa, Texas 79761</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.93	<p>Nonpriority creditor's name and mailing address</p> <p>Time Warner Cable</p> <p>Box 223085</p> <p>Pittsburgh, Pennsylvania 15251</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number 8 7 0 1</p>	<p>As of the petition filing date, the claim is: \$ 331.01</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: phone/internet</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.94	<p>Nonpriority creditor's name and mailing address</p> <p>Trilogy Medical Center c/o Rhonda Swant</p> <p>Joseph G. Pia, 222 S. Main St, #1830</p> <p>Salt Lake City, Utah 84101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.95	<p>Nonpriority creditor's name and mailing address</p> <p>TTS-Tactical TeleSolutions</p> <p>550 Kearny St., #210</p> <p>San Francisco, California 94108</p> <p>Date or dates debt was incurred 5-31-15 to 6-21-15</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 14,400.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Marketing</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.96	<p>Nonpriority creditor's name and mailing address</p> <p>UBILC, L.L.C. d/b/a Universal Body Image and Laser Center</p> <p>c/o Kelsey Sanderson 4951 Airport Parkway, Suite 535</p> <p>Addison, Texas 75001</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit - Defendant</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.97	Nonpriority creditor's name and mailing address <u>U-Line</u> <u>P.O. Box 88741</u> <u>Chicago, Illinois 60680-1741</u> Date or dates debt was incurred <u>11-18-15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$ 335.95</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Shipping Materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address <u>VB Laser Trim Clinic</u> <u>89 Bloor Street, W #207</u> <u>Toronto, Ontario 1M1 Canada</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CA Lawsuit - Defendant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address <u>Verizon Wireless</u> <u>P.O. Box 15062</u> <u>Albany, New York 12212-5062</u> Date or dates debt was incurred <u>7/1/15 - 10/1/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$ 746.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wireless Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address <u>WebEx</u> <u>16720 Collections Center</u> <u>Chicago, Illinois 60693</u> Date or dates debt was incurred <u>2/28/15 - 11/19/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$ 651.34</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Web services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address <u>Wellsprings DermaSpa, LLC c/o Shannon M. Hicks</u> <u>11671 Jolleyville Rd, #104</u> <u>Austin, Texas 78759</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit - Defendant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
- If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. John G. Fisher/Bryan Haynes Scheef & Stone, L.L.P., 500 N. Akard, Suite 2700 Dallas, Texas 75201	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.2. Jesus D. Cabello	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.3. Derma Laser Clinic c/o Mona Copeland, 420 N. Washington Ave., Ste. 8 Cookeville, Tennessee 38501	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.4. Alan M. Kindred/Ivan Posey/ Leech Tishman Fuscaldo and Lampl LLP, 100 Corson Street, 3rd Floor Pasadena, California 91103-3821	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Atty for Yolo Medical Inc.</u>	— — — —
4.5. Alexander B Wright Leech Tishman Fuscaldo and Lampl LLP, 525 William Penn Place 25th Fl Pittsburgh, Pennsylvania 15219	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Atty for Yolo Medical, Inc.</u>	— — — —
4.6. Credit Management L.P. 4200 International Pkwy Carrollton, Texas 75007	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>3.6</u>	<u>3</u> <u>3</u> <u>0</u> <u>3</u>
4.7. Helvey & Associates, Inc. 1015 E. Center St. Warsaw, Indiana 46580-3420	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>3.7</u>	<u>5</u> <u>7</u> <u>4</u> <u>0</u>
4.8. Hemant Hari Kewalramani SHK Legal, APC, P.O. Box 18714 Anaheim, California 92807	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Atty for Lila Enterprises, LLC</u>	— — — —
4.9. Jared Thomas Walker Law Office of Jared T Walker PC, 2020 Capitol Avenue #7 Sacramento, California 95811	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Atty for Brandon Robinson</u>	— — — —
4.10. Jesus D. Cabello/Domingo Manuel Llagostera/Keith A Rutherford Blank Rome LLP, 717 Texas Avenue, #1400 Houston, Texas 77002	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Atty to Laser Lipo Limited</u>	— — — —
4.11. John G. Fisher Storm LLP, 901 Main Street #7100 Dallas, Texas 75202	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Atty for Erchonia Corporation</u>	— — — —
4.12. Lee VandenHuevel; Ross, Stuart & Dawson 691 N. Squirrel Rd. #175 Auburn Hills, Michigan 48326	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>3.47</u>	<u>9</u> <u>9</u> <u>6</u> <u>3</u>

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.13 Marc E. Hankin/Anooj Patel/Kevin Schraven Hankin Patent Law APC, 12400 Wilshire Blvd, Suite 1265 Los Angeles, California 90025	Line _____ <input checked="" type="checkbox"/> Not listed. Explain CA Attorney for Jon Perlman/Stephen Ronan	— — — —
4.14 Mark D. Schneider/Doug Sprinkle Gifford Krass Sprinkle Anderson, 2701 Troy Center Dr., #330 Troy, Michigan 48084	Line _____ <input checked="" type="checkbox"/> Not listed. Explain CA Atty for Lawsuit	— — — —
4.15 Micahel J. Sacksteder/Lauren E. Whittemore Fenwick and West LLP, 555 California St, 12th Floor San Francisco, California 94104	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Atty for Lase Lipo Limited	— — — —
4.16 Peter DiSciascio; Weinstock & O'Malley Law 105 White Oak Lane Old Bridge, New Jersey 08857	Line _____ <input checked="" type="checkbox"/> Not listed. Explain 3.12	— — — —
4.17 Peter DiSciascio; Weinstock & O'Malley Law 105 White Oak Lane Old Bridge, New Jersey 08857	Line _____ <input checked="" type="checkbox"/> Not listed. Explain 3.11	2 7 3 4
4.18 Thomas F. Nowland Law Offices of Thomas Nowland, 20241 SW Birch St, #203 New Port Beach, California 92660	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Atty for VB Laser Trim Clinic	— — — —
4.19 Valerie Hatt; Brooks Bates Partnership, LLPO 7a High St. Pangbourne reading, Berkshire RG8 7AE United Kingdom	Line _____ <input checked="" type="checkbox"/> Not listed. Explain 3.8	— — — —
4.20 W.I. Howell Acuff, Acuff & Acuff, PC 101 S. Jefferson Ave. Cookeville, Tennessee 38501	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Atty for Def, M. Pool and Chromogenex	— — — —
4.21	Line _____ <input type="checkbox"/> Not listed. Explain	— — — —
4.22	Line _____ <input type="checkbox"/> Not listed. Explain	— — — —
4.23	Line _____ <input type="checkbox"/> Not listed. Explain	— — — —
4.24	Line _____ <input type="checkbox"/> Not listed. Explain	— — — —
4.25	Line _____ <input type="checkbox"/> Not listed. Explain	— — — —
4.26	Line _____ <input type="checkbox"/> Not listed. Explain	— — — —

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 125,077.17
5b. Total claims from Part 2	5b. +	\$ 6,803,525.39
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 6,928,602.56

Fill in this information to identify the case:

Debtor name Chromogenex US, Inc.
United States Bankruptcy Court for the: Eastern District of Texas
Case number (If known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Building Lease</u>	<u>AKF2 Vista Point North, LLC</u>		
			<u>c/o Adler Realty Services, TX LLC</u>		
	State the term remaining	<u>59 months</u>	<u>1400 N.W. 107th Ave., 5th Floor</u>		
	List the contract number of any government contract		<u>Miami</u>	<u>Florida</u>	<u>33172</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Phone System Lease</u>	<u>Byline Financial Group</u>		
			<u>721 N. McKinley Rd. #200</u>		
	State the term remaining	<u>55 months</u>	<u>Lake Forest</u>		
	List the contract number of any government contract			<u>Illinois</u>	<u>60045</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>2 Lexmark printers</u>	<u>HP Financial Services Co.</u>		
			<u>P.O. Box 402582</u>		
	State the term remaining		<u>Atlanta</u>		
	List the contract number of any government contract			<u>Georgia</u>	<u>30384-2582</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Pitney Bowes postage meter</u>	<u>PBFG leasing</u>		
			<u>P.O. Box 371887</u>		
	State the term remaining		<u>Pittsburgh</u>		
	List the contract number of any government contract			<u>Pennsylvania</u>	<u>15250-7887</u>
2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>BMW 528iSedan</u>	<u>BMW Financial Services</u>		
			<u>P.O. Box 78103</u>		
	State the term remaining	<u>4 months</u>	<u>Phoenix</u>		
	List the contract number of any government contract			<u>Arizona</u>	<u>85062-8103</u>

Debtor Chromogenex US, Inc.
Name

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Prepaid online CRM service</u>	<u>Salesforce.com</u>
	State the term remaining	<u>6 months</u>	<u>P.O. Box 203141</u>
	List the contract number of any government contract		<u>Dallas Texas 75320-3141</u>
2.7	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.12	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Chromogenex US, Inc.

United States Bankruptcy Court for the: Eastern District of Texas

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>Lynn Hong</u>	<u>1953 Fern Hollow Drive</u> Street <u>Diamond Bar</u> <u>California</u> <u>91765</u> City State ZIP Code		<u>BMW Financial</u> <u>Services</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2 <u>Chromogenex Holdings Ltd</u>	<u>Unit 1 & 2 Heol Rhosyn, Dafen Park</u> Street <u>Carmarthenshire</u> <u>United Kingdom</u> <u>SA14 8QG</u> City State ZIP Code		<u>Squadron Capital LLC</u> <u>Litigation</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Chromogenex Technologies Ltd</u>	<u>Unit 1 & 2 Heol Rhosyn, Dafen Park</u> Street <u>Carmarthenshire</u> <u>United Kingdom</u> <u>SA14 8QG</u> City State ZIP Code		<u>Squadron Capital LLC</u> <u>Litigation</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street _____ _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	_____ Street _____ _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G